

Rhode Island Board of Medical Licensure and Discipline

2015 Annual Report 2015

Mission

To protect the public through enforcement of standards for medical licensure and ongoing clinical competence.

Introduction

The Rhode Island Board of Medical Licensure and Discipline (BMLD) is composed of 13 members. Of those members, seven are physicians and six are public members. Board members receive no compensation and donate hundreds of hours each month to protecting the public and ensuring the professional standards of our profession are met.

Board of Medical Licensure and Discipline Members	
Nicole Alexander-Scott MD, MPH (Chair)	Director of Rhode Island Department of Health
Jennifer Barry Esq.	Public member: plaintiff attorney
Steven L. Blazar M.D.	Physician (Allopathic)
Mark Brizard	Public member
Sandra Coletta	Public member: hospital administrator
Joan Crawley	Public member
Helen Drew	Public member
Stephen Fanning III D.O.	Physician (Osteopathic)
James F. Griffin D.O.	Physician (Osteopathic)
Gary A. L'Europa M.D.	Physician (Allopathic)
Elizabeth Nestor M.D.	Physician (Allopathic)
Judith Nudelman M.D.	Physician (Allopathic)
Eugenia Wild	Public member

The BMLD meets the second Wednesday of each month at the Rhode Island Department of Health (RIDOH). The open session portion of the meeting begins at 8:30 a.m., and any member of the public can attend.

Board of Medical Licensure and Discipline Staff	
James V. McDonald MD, MPH	Chief Administrative Officer
Amy Coleman Esq.	Senior Legal Counsel
Lauren Dixon-Lasso	Administrative Officer
Linda Julian	Board Investigator

Licensing

Licensing of physicians via examination or endorsement represents one of the essential functions of the BMLD. Ensuring that physicians who are allowed to practice medicine in Rhode Island are competent, ethical, and professional is critical to the licensing process. Modifications were made to the licensing process in 2015 in an effort to decrease the time it takes to process applications of qualified physicians while maintaining protection of the public.

2015 Physician License Applications	
Physician licenses issued	377
Physician license applications withdrawn	0
Physician license applications denied	0
Average number of days to process physician license application	29.5

Physician Licensees, by License Type (as of 12/31/2015)	
Allopathic Physicians	4,836
Osteopathic Physicians	335
Physicians (MD, DO) with a Controlled Substance Registration	4303
Limited License*	781
Volunteer License**	2
Academic Faculty Limited License***	4

*Limited License- *refers to a physician, in accordance with regulation 2.7; in an approved accredited graduate medical education program*

**Volunteer License – *refers to a physician, in accordance with regulation: 3.4.1, retired, receives no financial compensation, practices at a 501c3 and has proof of malpractice coverage.*

***Academic Faculty License – *refers to a physician, in accordance with regulation: 3.5, physician of noteworthy and recognized professional attainment who is clearly an outstanding physician and who has been offered by the dean of an accredited medical school in Rhode Island a full time academic appointment.*

Policy Statements

The BMLD approves policy statements in response to important public health issues where a knowledge gap has been identified in the physician population. In its efforts to promote responsible prescribing of controlled substances, the BMLD addressed the issue of stimulants.

In October 2015, the BMLD approved the policy statement *Considerations Regarding Pharmaceutical Stimulant Prescribing for Attention Deficit Disorders (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) in Adolescents and Adults* (<http://www.health.ri.gov/publications/policies/Stimulants.pdf>). This policy statement presented and discussed the growing concern about diversion of pharmacological stimulants and offered practical strategies to prevent diversion in an office-based practice and to help physicians make an accurate diagnosis.

The BMLD encourages physicians to review the entire document; however, following are the highlights:

1. Prescribing stimulants to adults and adolescents is common: 1.3 million doses each month are prescribed in Rhode Island.
2. Diversion of stimulants is more common among adolescents and young adults
3. The diagnosis of ADD/ADHD is complex, and other disorders should be treated/ruled out before starting pharmacologic treatment.
4. Abuse-resistant and deterrent forms of stimulant medications are available.
5. Review the PDMP before prescribing stimulants and employ practical strategies to prevent diversion, including educating patients about not sharing medications and proper disposal of unused medication(s).

2015 Rules and Regulation Changes

The *Rules and Regulations for the Licensure and Discipline of Physicians* underwent an extensive revision in 2015. The Limited License and other relevant regulations were combined so related regulations are in one place. A full version of the updated Rules and Regulations is available here:

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8148.pdf> .

Here are some highlights of the regulatory changes that went into effect November 23, 2015:

1. Rules and regulations for limited medical licenses were incorporated so that information on all licensing - at all stages of a physician's career - is now available in one location.
2. The Medical Officer License (moonlighting) category was eliminated. Physicians are eligible for a full license after two years of graduate medical education regardless of where the training occurred. The rules and regulations for the training license category is unchanged.
3. Section 1.19: The definition of *Practice of Medicine* now includes the term *use of laser/intense pulsed light*.
4. Section 1.22: *Surgery* is now defined.
5. Section 2.1.1: States that physicians must have malpractice insurance and be able to produce verification of current coverage.

6. Section 2.3: Addresses a *Visiting Physician* and helps define when practicing medicine without a Rhode Island license is acceptable and the process for doing so legally.
7. Sections 3.1.5 and 3.2.2: Allows the BMLD to waive some of the graduate medical education training requirement if the applicant has had a license in another jurisdiction for at least five years.
8. Sections 6.1.1 and 6.1.2: Physician participation in either American Board of Medical Specialties or American Osteopathic Association's *Maintenance of Certification* or *Continuous Certification Program* is equivalent to meeting the continuing medical education requirement.
9. Section 9.1.1: Clarifies the process to reactivate a license and what information is necessary to do so.
10. Section 10.4: Clearly states that physicians cannot prescribe a controlled substance to themselves or to their immediate family members.
11. Section 10.5: Explains how to document the discharge of a patient from a physician practice and defines other professional obligations included in the process.
12. Section 10.6: Details the appropriate way to close a medical practice.
13. Section 11.2: Updates to allowable fees for copying a patient's medical records and explains when charging a fee is not allowable.

Health Connections

The BMLD uses the Department's monthly e-newsletter, *Health Connections*, to communicate matters of importance to all physicians. Archived issues of 2015 newsletters can be reviewed at: <http://us2.campaign-archive2.com/home/?u=ece9b1661b3bf3b864a6894d1&id=51f4d694b8>. It is expected that all licensees review Health Connections each month.

Prescription Drug Monitoring Program

The RIDOH contracts with Appriss to operate its Prescription Drug Monitoring Program (PDMP). The PDMP is a valuable clinical tool for physicians to supplement their history and physical to get a more complete view of a patient's medication utilization. Information about the PDMP is available at: http://health.ri.gov/programs/detail.php?pgm_id=156/

As of December 31, 2015, 66% of all physicians were registered for the PDMP. It is expected that all physicians will be in compliance with this statutory requirement by June 30, 2016. See the RIDOH PDMP enforcement plan at <http://health.ri.gov/publications/plans/2015PrescriptionDrugMonitoringProgramEnforcementPlan.pdf>

Physicians can register for the PDMP at <https://www.ripmp.com/NewRegistration.aspx>.

The BMLD applauds the RIDOH for receiving a CDC Prescription Drug Overdose Prevention grant and looks forward to continued work with the RIDOH to ensure responsible prescribing of controlled substances, optimal PDMP utilization, reduction in prescription-related overdoses, and reduction in overdose deaths.

Complaints and Disciplinary Actions

Another essential part of the BMLD's mission is the investigation and adjudication of complaints. The BMLD is the Board at RIDOH with the largest volume of cases. Complaints originate from a variety of sources, including patients, patient advocates, notice of litigation, licensed facilities, pharmacists, physicians, or other healthcare professionals. Each complaint is reviewed prior to being opened for complete investigation.

BMLD Summary of Complaint Activity, 2015	
Complaints received	422
Complaints opened for investigation	200
Complaints adjudicated by full Board	211
Suspensions	1
Voluntary agreements not to practice medicine/Surrender of license	4
License Reinstatements/Activations with disciplinary actions	7
Reprimands and related sanctions	20
Revocations	0
Public adverse actions	32
Percentage of cases ratified by the Board presented to the full Board	99%
Percentage of adjudicated consent orders reported to National Practitioner Data Bank within 30 days	100%

The three most frequently-addressed disciplinary issues in 2015 involved controlled substance prescribing to self or family, medical records and documentation issues, and quality of care.

Conclusion

The BMLD was established in 1986, and 2015 marked the close of the Board's 30th year of protecting the public and ensuring the standards of the profession. It was a robust year for the Board with substantial regulatory changes, creation of policy statements, maintaining consistent public health messages to its licensees, streamlining licensing approval process, and an aggressive disciplinary calendar.

The Board is composed of highly respected volunteers who give of themselves and their time to carry out its mission, all while being part of a larger organization, the Rhode Island Department of Health.